Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                           |   |                      |                          |           | SMALL ENTITY TYPE |                        |  | OTHER THAN OR SMALL ENTITY |                        |  |  |  |  |  |  |  |  |  |  |
|---|--|---|---------------------------|---|----------------------|--------------------------|-----------|-------------------|------------------------|--|----------------------------|------------------------|--|--|--|--|--|--|--|--|--|--|
| TOTAL CLAIMS  |  |   | 17                        |   |                      |                          | RATE      | T                 | FEE                    |  | RATE                       | FEE                    |  |  |  |  |  |  |  |  |  |  |
| FOR   |  |   | NUMBER FILED              |   | NUMBER EXTRA         |                          | BASIC F   | ΕE                | 375.00                 | OR   | BASIC FEE                  | 750.00                 |  |  |  |  |  |  |  |  |  |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | /7 minus 20=              |   | *                    |                          | X\$ 9=    |                   |                        | OR   | X\$18=                     |                        |  |  |  |  |  |  |  |  |  |  |
| INDEPENDENT CLAIMS  |  |   | minus 3 =                 |   | * /                  |                          | X42=      | ┪                 |                        | OR   | X84=                       | 80                     |  |  |  |  |  |  |  |  |  |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                               | RESENT                    |   |                      |                          | +140=     | 1                 |                        | OR   | +280=                      |                        |  |  |  |  |  |  |  |  |  |  |
| * If  | the difference                                 | in column 1 is                              | less than zero, enter "0" |   |                      | olumn 2                  | TOTA      | -                 |                        | OR   | TOTAL                      | 834                    |  |  |  |  |  |  |  |  |  |  |
| CLAIMS AS AMENDED - PART II   |  |   |                           |   |                      |                          | 1017      | L                 |                        | 1011   | OTHER                      |                        |  |  |  |  |  |  |  |  |  |  |
|   |  | (Column 1)                                  |                           | (Column 2)                              |                      | (Column 3) SM            |           |                   |                        | OR   | SMALL                      |                        |  |  |  |  |  |  |  |  |  |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                           | NUM<br>PREVIO<br>PAID                   | BER<br>DUSLY         | PRESENT<br>EXTRA         | RATE      |                   | ADDI-<br>TIONAL<br>FEE |  | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |  |  |  |
|   | Total  | *   | Minus                     | **                                      |                      | =                        | X\$ 9=    |                   |                        | OR   | X\$18=                     |                        |  |  |  |  |  |  |  |  |  |  |
|   | Independent                                    | *   | Minus                     | L                                       |                      | =                        | X42=      |                   |                        | OR   | X84=                       |                        |  |  |  |  |  |  |  |  |  |  |
| Ш   | FIRST PRESE                                    | NTATION OF M                                | JLTIPLE DEF               | ENDEN                                   | CLAIM                |                          | +140=     |                   |                        | OR   | +280=                      |                        |  |  |  |  |  |  |  |  |  |  |
|   |  |   |                           |   |                      |                          |           | AL.               |                        | OB   | TOTAL<br>ADDIT. FEE        |                        |  |  |  |  |  |  |  |  |  |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                           |   |                      |                          |           |                   |                        |  |                            |                        |  |  |  |  |  |  |  |  |  |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                           | HIGH<br>NUM<br>PREVIO<br>PAID           | BER<br>OUSLY         | PRESENT<br>EXTRA         | RATE      |                   | ADDI-<br>TIONAL<br>FEE |  | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |  |  |  |
|   | Total  | *   | Minus                     | **                                      |                      | =                        | X\$ 9=    |                   |                        | OR   | X\$18=                     |                        |  |  |  |  |  |  |  |  |  |  |
|   | Independent                                    | *   | Minus                     | ***                                     |                      | =                        | X42=      |                   |                        | OR   | X84=                       |                        |  |  |  |  |  |  |  |  |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                           |   |                      |                          |           |                   |                        | OR   | +280=                      |                        |  |  |  |  |  |  |  |  |  |  |
|   |  |   |                           |   |                      |                          |           | AL.               |                        |  | TOTAL                      |                        |  |  |  |  |  |  |  |  |  |  |
|   |  | ADDIT. FE                                   | : E <b>L.</b>             |   |                      | ADDIT. FEE               |           |                   |                        |  |                            |                        |  |  |  |  |  |  |  |  |  |  |
| AMENDMENT C   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                           | (Colui<br>HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY | (Column 3) PRESENT EXTRA | RATE      |                   | ADDI-<br>FEE           |  | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |  |  |  |
|   | Total  | *   | Minus                     | **                                      |                      | =                        | X\$ 9=    |                   |                        | OR   | X\$18=                     |                        |  |  |  |  |  |  |  |  |  |  |
|   | Independent                                    | *   | Minus                     | ***                                     | - 01 4114            |                          | X42=      | 1                 |                        | OR   | X84=                       |                        |  |  |  |  |  |  |  |  |  |  |
| <u> </u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                           |   |                      |                          | +140=     | 1                 |                        |  | +280=                      |                        |  |  |  |  |  |  |  |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                           |   |                      |                          |           |                   |                        | OR   | TOTAL                      |                        |  |  |  |  |  |  |  |  |  |  |
| ***   | If the "Highest Nu                             | mber Previously P                           | aid For" IN THI           | S SPACE                                 | is less tha          | an 3, enter "3."         | ADDIT. FE | EL                | ropriate box           | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FE |                            |                        |  |  |  |  |  |  |  |  |  |  |